

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	21					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						